

**Higazi v. Cadence Design Systems, Inc.**

**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

**ENTERED MAY 06 2008**

**Received By**  
**MAY 05 2008**  
 Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a **Claim Form** to the **Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 104932

Last four digits of Social Security number

|||||  
 Santosh Kulkarni 50

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

*mg*

Based on this information, your estimated Settlement Share is \_\_\_\_\_. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

*[Signature]*  
Signature

04/24/2008, 2008  
Date

### 4. Postmark Deadline

Your Claim Form must be **POSTMARKED** or **DELIVERED** (via facsimile transmission or professional or personal delivery) on or before **June 4, 2008**. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

88 ENTERED MAY 21 2008

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**Class Action Settlement Administrator**  
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### CLAIM FORM

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**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

#### 6. Your Contact Information

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID #: 101180

Last four digits of Social Security number:

Hien La

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

#### 7. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date
CA		

*[Handwritten signature]*

Based on this information, your estimated Settlement Share is \$ \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.


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#### 8. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
\_\_\_\_\_  
Signature

5/10/1, 2008  
\_\_\_\_\_  
Date

#### 9. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

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Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

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ENTERED JUN 02 2008

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JUN 02 2008

Settlement Services, Inc.

**CLAIM FORM**

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**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 105553

Last four digits of Social Security number

|||||  
 Jeffrey Lantz 93

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

ID

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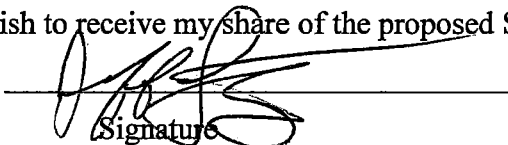
missing 11-1-03 thru 5/29/04 in Idaho - pay stubs  
are included with my mailing.

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

5-27-08, 2008  
Date

### 4. Postmark Deadline

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*Higazi v. Cadence* Class Action Settlement Administrator  
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Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

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Received By

31

JUN 02 2008

Settlement Services, Inc.

**Higazi v. Cadence Design Systems, Inc.**

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED JUN 04 2008

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID #: 70747

Last four digits of Social Security number:

Deborah R. Ledbetter

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening):

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date
MA		

Received By

JUN 02 2008

Settlement Services, Inc.

Based on this information, your estimated Settlement Share is \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

June 2, 2008  
Date

### 4. Postmark Deadline

Your Claim Form must be **POSTMARKED or DELIVERED** (via facsimile transmission or professional or personal delivery) on or before **June 4, 2008**. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

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73  
ENTERED APR 28 2008

**Higazi v. Cadence Design Systems, Inc.**  
**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

RECEIVED BY

APR 28 2008

SSI

**CLAIM FORM**

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**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 201811  
 Last four digits of Social Security number

|||||  
 James J. Lee 18

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):  
 Telephone number (evening)  
 E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is \$ . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

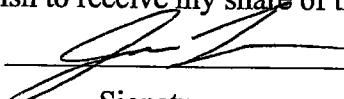
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3. I wish to receive my share of the proposed Settlement.

  
Signature

4/9 April 9th, 2008  
Date

**4. Postmark Deadline**

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
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Tallahassee, FL 32302-1756  
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105  
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**Received By**  
**MAY 19 2008**  
 Settlement Services, Inc.

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**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 110701

Last four digits of Social Security number

\_\_\_\_\_  
 \_\_\_\_\_

|||||  
 Karen Lee 120

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

\_\_\_\_\_  
 \_\_\_\_\_

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

TH JB

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2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

May 15, 2008  
Date

### 4. Postmark Deadline

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15  
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**RECEIVED BY**

**APR 28 2008**

**SSI**

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**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 107756  
 Last four digits of Social Security number

\_\_\_\_\_  
 \_\_\_\_\_

|||||  
 Leta J. Lee 140

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):  
 Telephone number (evening)  
 E-mail:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D 2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

*Handwritten signature*

Based on this information, your estimated Settlement Share is \$ \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

4/23/08, 2008

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



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**Higazi v. Cadence Design Systems, Inc.**  
**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

**ENTERED** APR 22 2008  
**RECEIVED BY**  
 APR 22 2008  
**SSI**

### CLAIM FORM

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

#### 1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106810

Last four digits of Social Security number

|||||  
 Xiaomin Li 192

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

#### 2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

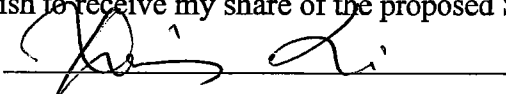
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

April 15, 2008, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

***Higazi v. Cadence Design Systems, Inc.***  
**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

Received By  
MAY 20 2008  
Settlement Services, Inc.

ENTERED MAY 20 2008

# CLAIM FORM

**NOTE:** Please read the enclosed “Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing” (the “Class Notice”) before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

### **1. Your Contact Information.**

**Your Contact Information:**  
Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 100974  
Last four digits of Social Security number


Daniel J Lind 77

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):  
Telephone number (evening)  
E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

[illegible]

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

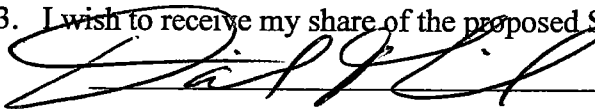
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

5/16, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

**Higazi v. Cadence Design Systems, Inc.****Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

**Received By**

MAY 20 2008

Settlement Services, Inc.

**ENTERED MAY 20 2008****CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED or DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 105640

Last four digits of Social Security number

|||||  
Srinivas V. Lingutla 81

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

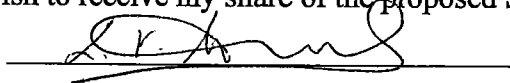
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

May 16, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



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**Higazi v. Cadence Design Systems, Inc.**  
**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED APR 24 2008

Received By

APR 24 2008

Settlement Services, Inc.

## **CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

### **1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 202491

Last four digits of Social Security number

|||||  
 Anil Colin Lobo 182

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

### **2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

\_\_\_\_\_  
Signature

APRIL, 16, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

**Higazi v. Cadence Design Systems, Inc.****Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

**Received By****APR 21 2008**

Settlement Services, Inc.

**ENTERED APR 21 2008****CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED** or **DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 111860

Last four digits of Social Security number



Alfred N. Macaldo Jr.

123

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.



Signature

April 11, 2008

Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

**Higazi v. Cadence Design Systems, Inc.**

**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

51

**Received By**  
**APR 21 2008**  
 Settlement Services, Inc.

ENTERED APR 21 2008

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED** or **DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 113930

Last four digits of Social Security number

|||||  
 Barbara M. Maloney

100

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Barbara M. Maloney  
Signature

April 9, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



Tel.: (866)854-6044 Fax: (850)385-6008

**Received By**

APR 10 2008

Settlement Services, Inc.

## CLAIM FORM

**NOTE:** Please read the enclosed “Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing” (the “Class Notice”) before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

**Cadence Employee ID # 112313**

Last four digits of Social Security number

**XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX**

## Steven Margarit

97

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

## 2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

[illegible]

CA

Based on this information, your estimated Settlement Share is: \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

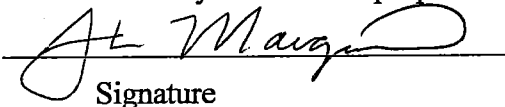
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

4/7, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

**Higazi v. Cadence Design Systems, Inc.****Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

APR 14 2008

Settlement Services, Inc.

**ENTERED** APR 14 2008**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED** or **DELIVERED** (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 7245

Last four digits of Social Security number

|||||

Roy D. Maynard

153

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is: \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Roy D. Maynard  
Signature

4-8-2008, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

Received By

APR 21 2008

Settlement Services, Inc.

ENTERED APR 21 2008

# CLAIM FORM

**NOTE:** Please read the enclosed “Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing” (the “Class Notice”) before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

### **1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

**Cadence Employee ID # 108625**

Last four digits of Social Security number

**XX**

Jeniffer L. Menendez 195

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

## **2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

[illegible]

CA



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

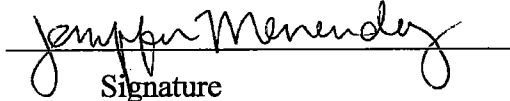
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

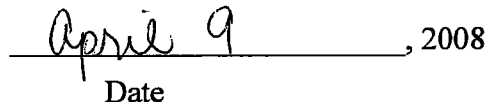
**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



104  
**Higazi v. Cadence Design Systems, Inc.** ENTERED MAY 08 2008  
**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

**Received By**  
 MAY 08 2008  
 Settlement Services, Inc.

## CLAIM FORM

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a **Claim Form** to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED** or **DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

### 1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 112289

Last four digits of Social Security number

||||| Linda O. Meyer

92

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

### 2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

OR

Based on this information, your estimated Settlement Share is . . . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

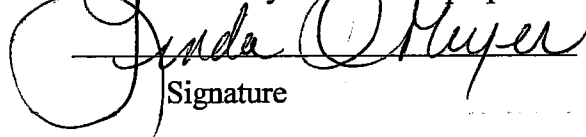
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

May 5, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

**Higazi v. Cadence Design Systems, Inc.**

Class Action Settlement Administrator  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 20 2008

Settlement Services, Inc.

ENTERED MAY 20 2008

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 114289

Last four digits of Social Security number

||||| Joseph Mezzina 156

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

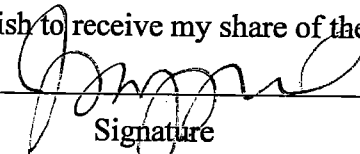
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**3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

5-12-2008, 2008  
Date

**4. Postmark Deadline**

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

**5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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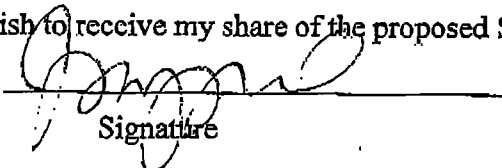
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I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

  
Signature

5-12-2008, 2008  
Date

**4. Postmark Deadline**

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

RECEIVED BY

MAY 13 2008

**5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.licffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

SSI



*Higazi v. Cadence Design Systems, Inc.*  
**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

**ENTERED** APR 14 2008  
 Received By  
 APR 14 2008  
 Settlement Services, Inc.

## **CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

### **1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 108502

Last four digits of Social Security number

||||| Steven Michels

94

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening):

E-mail:

### **2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

UT

Based on this information, your estimated Settlement Share is: . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

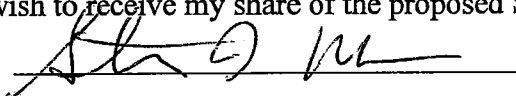
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### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

4/18, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
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Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Larry E. Miller  
Signature

06-13, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

**Higazi v. Cadence Design Systems, Inc.**  
**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

**ENTERED** APR 14 2008  
 Received By  
 APR 14 2008  
 Settlement Services, Inc.

## **CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED** or **DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

### **1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 101872

Last four digits of Social Security number

|||||  
 Keith Patrick Mitchell 46

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

### **2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

*Handwritten signature/initials*

Based on this information, your estimated Settlement Share is \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Keith E. Nuttall  
Signature

April 10, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



Jun. 2. 2008 1:03PM

189

No. 2052 P. 2

**Higazi v. Cadence Design Systems, Inc.**

**Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

**ENTERED JUN 04 2008**

**Received By**

**JUN 03 2008**

Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED** or **DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

**1. Your Contact Information**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID #: 200621

Last four digits of Social Security number:

\_\_\_\_\_

\_\_\_\_\_

Yackov Mitelman

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date
CA		

*[Handwritten signature]*

Jun. 2. 2008 1:03PM

No. 2052 P. 3

Based on this information, your estimated Settlement Share is \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Yakov Mitelman  
Signature

06/03, 2008  
Date

4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

Received By

JUN 03 2008

Settlement Services, Inc.

157  
**Higazi v. Cadence Design Systems, Inc.**  
**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

**ENTERED MAY 28 2008**

Received By

MAY 27 2008

Settlement Services, Inc.

## **CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

### **1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 202053

Last four digits of Social Security number .

|||||Krishan Gopal Mittal

165

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

### **2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

*[Handwritten signature]*

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

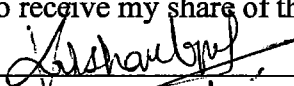
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
\_\_\_\_\_  
Signature

05/17/2008  
\_\_\_\_\_  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

141  
**Higazi v. Cadence Design Systems, Inc.** ENTERED MAY 19 2008  
 Class Action Settlement Administrator  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

Received By  
 MAY 19 2008  
 Settlement Services, Inc.

## CLAIM FORM

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

### 1. Your Contact Information.

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 7714  
 Last four digits of Social Security number

|||||  
 Alan Dean Morales 157

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):  
 Telephone number (evening)  
 E-mail:

### 2. Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date
CA		

Based on this information, your estimated Settlement Share is \_\_\_\_\_ . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

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**3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Alan D. Morales  
Signature

May 15, 2008  
Date

**4. Postmark Deadline**

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

**5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



**Higazi v. Cadence Design Systems, Inc.**

**Class Action Settlement Administrator**  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

**Received By**  
MAY 01 2008  
Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED** or **DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 113390

Last four digits of Social Security number ---

|||||  
Carlos A. Moreno 159

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date

CA

Handwritten initials/signature

Based on this information, your estimated Settlement Share is \$ . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

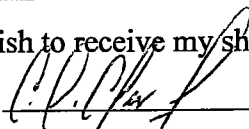
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
\_\_\_\_\_  
Signature

4/25/2008, 2008  
\_\_\_\_\_  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

ENTERED JUN 04 2008 147

*Higazi v. Cadence Design Systems, Inc.*

Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

Received By  
 JUN 03 2008  
 Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 200109

Last four digits of Social Security number

|||||  
 Manish Mundhada 177

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

**3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

C. E. Sundhada

Signature

05/05/, 2008

Date

**4. Postmark Deadline**

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

**5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

147  
**Higazi v. Cadence Design Systems, Inc.** ENTERED MAY 21 2008  
 Class Action Settlement Administrator  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

Received By  
 MAY 21 2008  
 Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 200109  
 Last four digits of Social Security number

\_\_\_\_\_  
 \_\_\_\_\_

|||||  
 Manish Mundhada 177

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):  
 Telephone number (evening)  
 E-mail:

\_\_\_\_\_  
 \_\_\_\_\_

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date
CA		

JF

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

C. E. Gundhada  
Signature

05/05/, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



**Higazi v. Cadence Design Systems, Inc.**

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

**ENTERED** MAY 28 2008

Received By

MAY 27 2008

Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED or DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 226

Last four digits of Social Security number

|||||

Scott D. Nadeau

118

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CO

11 42

Based on this information, your estimated Settlement Share is \_\_\_\_\_. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

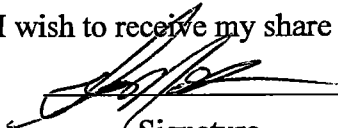
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
\_\_\_\_\_  
Signature

May 21, 2008  
\_\_\_\_\_  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

ENTERED MAY 28 2008

**Higazi v. Cadence Design Systems, Inc.**  
**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

Received By

MAY 27 2008

Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106332

Last four digits of Social Security number

|||||  
 Shakuntala Nagarajan 200

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

State(s) Where You Worked	Dates of Employment	
	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Shakuntle Nayyar  
Signature

5/21/08, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

**Higazi v. Cadence Design Systems, Inc.****Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

**ENTERED** MAY 16 2008**Received By**

MAY 16 2008

Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 101033

Last four digits of Social Security number

|||||  
Chandramohan Narayanan 44

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

JH YK

Based on this information, your estimated Settlement Share is \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

N. Chab L

Signature

MAY 10<sup>th</sup>, 2008

Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

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<http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



**Higazi v. Cadence Design Systems, Inc.**

**Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

142  
ENTERED MAY 19 2008

Received By  
 MAY 19 2008  
 Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a **Claim Form** to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED** or **DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 112177

Last four digits of Social Security number

|||||  
 Padmaja K. Narwankar 199

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening):

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

TH 122

Based on this information, your estimated Settlement Share is \_\_\_\_\_ . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. I wish to receive my share of the proposed Settlement.

*Narayanan*  
Signature

05 / 14, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

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149

ENTERED MAY 30 2008

**Higazi v. Cadence Design Systems, Inc.**  
 Class Action Settlement Administrator  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

Received By  
 MAY 30 2008  
 Settlement Services, Inc.

**CLAIM FORM**

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**1. Your Contact Information**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID #: 2675

Last four digits of Social Security number:

\_\_\_\_\_  
 \_\_\_\_\_

Susan D. Nathan

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

		Dates of Employment	
State(s) Where You Worked	Start Date	End Date	
CA			

*Handwritten initials/signature*

Based on this information, your estimated Settlement Share is \_\_\_\_\_. Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

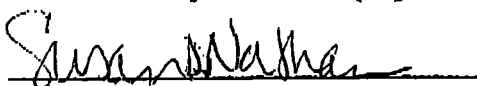
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**3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

May 29, 2008  
Date

**4. Postmark Deadline**

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*Higazi v. Cadence* Class Action Settlement Administrator  
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Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

**5. Questions?**

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**Higazi v. Cadence Design Systems, Inc.**

Class Action Settlement Administrator  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED MAY 06 2008

91  
 Received By  
 MAY 05 2008  
 Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 101745

Last four digits of Social Security number

|||||  
 Chung Ngo

164

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is \$ \_\_\_\_\_ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

\_\_\_\_\_  
Signature

5/1, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



**Higazi v. Cadence Design Systems, Inc.****Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received B

APR 24 2008

Settlement Services, Inc.

ENTERED APR 24 2008

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 100959

Last four digits of Social Security number

||||| Henry X. Nguyen

55

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

TX

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

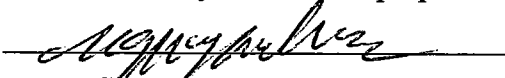
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

**3. Signature and Confirmation of Consent to Join Collective Action**

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

4/12, 2008  
Date

**4. Postmark Deadline**

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

**5. Questions?**

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

**Higazi v. Cadence Design Systems, Inc.**

Class Action Settlement Administrator

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

ENTRUSTED APR 21 2008  
 Received By  
 APR 21 2008  
 Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106397

Last four digits of Social Security number

|||||  
 Hoa T. Nguyen 74

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

*[Handwritten signature]*

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Hoa Thanh Nguyen  
Signature

4/18, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

183  
**Higazi v. Cadence Design Systems, Inc.**  
**Class Action Settlement Administrator**  
**ENTERED JUN 02 2008** Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

Received B  
JUN 02 2008  
Settlement Services

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 106058 \_\_\_\_\_  
Last four digits of Social Security number \_\_\_\_\_

|||||  
John B Nguyen 155

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime): \_\_\_\_\_  
Telephone number (evening) \_\_\_\_\_  
E-mail: \_\_\_\_\_

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

Based on this information, your estimated Settlement Share is . . . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

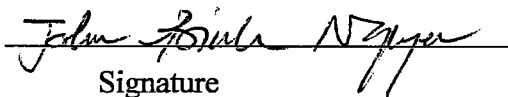
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

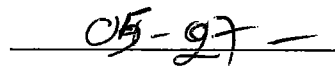
**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.



ENTERED APR 21 2008

**Higazi v. Cadence Design Systems, Inc.****Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

APR 21 2008

Settlement Services, Inc.

**CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., **POSTMARKED** or **DELIVERED** (via facsimile or professional or personal delivery) by **June 4, 2008**.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 110046

Last four digits of Social Security number

|||||  
Lee Nichols

144

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

UT

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

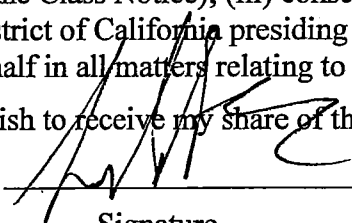
If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
 \_\_\_\_\_  
 Signature

18 APRIL, 2008  
 \_\_\_\_\_  
 Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence Class Action Settlement Administrator*  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

115  
**Higazi v. Cadence Design Systems, Inc.**  
**ENTERED JUN 02 2008 Class Action Settlement Administrator**  
 Post Office Box 1756  
 Tallahassee, FL 32302-1756  
 Tel.: (866)854-6044 Fax: (850)385-6008

Received By  
 JUN 02 2008  
 Settlement Services, Inc.

## **CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

### **1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

Cadence Employee ID # 103895 \_\_\_\_\_

Last four digits of Social Security number \_\_\_\_\_

|||||  
 Deepna Nishar 54 \_\_\_\_\_

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime): \_\_\_\_\_

Telephone number (evening) \_\_\_\_\_

E-mail: \_\_\_\_\_

### **2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

Dates of Employment		
State(s) Where You Worked	Start Date	End Date

CA

*Handwritten signature/initials*

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

Deepna N  
Signature

May 30<sup>th</sup>, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at

<http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.

Page 79 of 80  
ENTERED APR 14 2008

*Higazi v. Cadence Design Systems, Inc.*;

**Class Action Settlement Administrator**

Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By \_\_\_\_\_

APR 14 2008

Settlement Services, Inc.

# CLAIM FORM

**NOTE:** Please read the enclosed “Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing” (the “Class Notice”) before completing this Claim Form.

**DEADLINE:** To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

**1. Your Contact Information.**

Please review and, if necessary, correct on the line to the right your contact information:

**Cadence Employee ID # 116613**

Last four digits of Social Security number

**XX**

James O. Njoku

70

If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime):

Telephone number (evening)

E-mail:

**2. Your Estimated Settlement Share, Dates of Employment, and Work Location**

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

[illegible]

CA

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

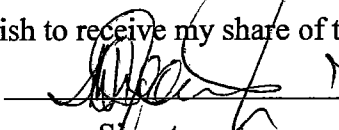
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### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
3. I wish to receive my share of the proposed Settlement.

  
Signature

April 10<sup>th</sup>, 2008  
Date

### 4. Postmark Deadline

**Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008.** A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

*Higazi v. Cadence* Class Action Settlement Administrator  
Post Office Box 1756  
Tallahassee, FL 32302-1756  
Tel.: (866)854-6044 Fax: (850)385-6008

### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at <http://www.lieffcabraser.com/cadence-overtime.htm>, [jsagafi@lchb.com](mailto:jsagafi@lchb.com), or 1-800-541-7358.